

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishme		~		Telephone Number	Date of In (mm/dd/y		11D#	
Quills		_	mber and street, city, state, zip code)	3/		2019	18-199	
127 F	ent Addres	ss (nu ↓ <	mber and street, city, state, zip code)	(582) SSS 7708	19/2-7		,	
137 E. Market St. New Albay, IN 47150				Purpose:	Follow-u	n Relea	se Date	
Nathan Quille				1. Routine	NO Today			
Owner's Address				2. Follow-up	Summary of Violations:			
				3. Complaint	Summary	OI VIOIMIO	110.	
Person in C			1	-1		_ NC_2 R		
Hatti			Jon	5. Temporary		ype (See back of page)		
Responsible	e Person's	E-ma	il					
Certified Fo	and Handle			7. Other (list)		12 <u>X_345</u>		
Hatti		514	on (04/26/2023)		12			
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
			FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SU		VD IN THE !	ARRATIVE	BELOW AS "R"	
Section#	C/NC	R				To Be Corrected By		
345	C		Observed handwashing sink with dirty				rected.	
			dishes.	, , , , , , , , , , , , , , , , , , , ,	• • •			
			·Handwashing sinks	are for har	<u>. 4</u> .			
			washing only.					
201	CO NC OL COM					,—F	day	
1122	NC	- -				2 10	day	
TO COLOR TO COME TO COLOR					Z V	VCCKS		
	Install hook to properly dry and							
prevent vectors.								
		_						
		ļ						
							· · <u> </u>	
				<u>-</u>				
		<u> </u>						
Received by	(name and	l l title i	orinted):	Inspected by (name and title p	rinted):			
4494	tie 1	~ `	yron	A.). Ingram (EHS) Tyler Swith (EHS) Inspected by (signature):				
Received by	(signature)			Inspected by (signature):				
tox	help	hs	n pas A marager	gj Tyledusm				
ce;	0		cc; U		ce:			